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Attorney Docket No.: 10417-100001

Box Patent Application
Commissioner for Patents
Washington, DC-20231

Presented for filing is a new original patent application of:

Applicant: HARUO HYODO, SHIGEO KIMURA AND YASUHIRO TAKANO

Title: SEMICONDUCTOR DEVICE AND MANUFACTURING METHOD
THEROF

Enclosed are the following papers, including those required to receive a filing date under 37 CFR §1.53(b):

FR

BOSTON

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DELAWARE

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SAN DIEGO

SILICON VALLEY

TWIN CITIES

WASHINGTON, DC

1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the situation.

Pages

Specification	21
Claims	4
Abstract	1
Declaration	4
Drawing(s)	9

Enclosures:

- Assignment cover sheet and an assignment, 4 pages, and a separate \$40 fee.
- New disclosure information, including:
 - Information disclosure statement, 1 pages.
 - PTO-1449, 1 pages.
 - References, 1 items.
- Certified copies of priority document(s) no(s) 2000-308623.

CERTIFICATE OF MAILING BY EXPRESS MAIL

Express Mail Label No. EF045065885US

I hereby certify under 37 CFR §1.10 that this correspondence is being deposited with the United States Postal Service as Express Mail Post Office to Addressee with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

September 26, 2001

Date of Deposit _____

Signature

Valentin Figueroa

Typed or Printed Name of Person Signing Certificate

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September 26, 2001
Page 2

— Postcard.

Under 35 USC 119, this application claims the benefit of a foreign priority application filed in Japan, serial number 2000-308623, filed October 10, 2001.

Basic filing fee	\$710
Total claims in excess of 20 times \$18	\$0
Independent claims in excess of 3 times \$80	\$0
Fee for multiple dependent claims	\$0
Total filing fee:	\$710

A check for the filing fee is enclosed. Please apply any other required fees or any credits to deposit account 06-1050, referencing the attorney docket number shown above.

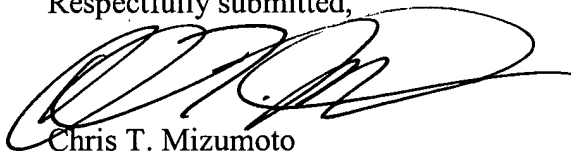
If this application is found to be incomplete, or if a telephone conference would otherwise be helpful, please call the undersigned at (212) 765-5070.

Kindly acknowledge receipt of this application by returning the enclosed postcard.

Please send all correspondence to:

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Respectfully submitted,



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